Step-by-Step Instructions for Completing
The UB-92 Claim Form
For MaineCare Covered Services

Introduction

The UB-92 claim is a billing form maintained by the National Uniform Billing Committee (NUBC). Each payer, including MaineCare, has different requirements for completing specific parts of the claim form.

The MaineCare instructions are adapted from the UB-92 manual developed by the NUBC and approved by the State National Uniform Billing Committee in Maine. For contact information about the NUBC and its manuals, go to http://www.nubc.org/about.html and for information about the State Uniform Billing Committee in Maine go to http://www.aahamme.org/contact.php. You must have the UB-92 manual to follow these instructions. In many Form Locators (FL), you are asked to go to the UB-92 manual for specific codes or other information.

You are responsible for obtaining your own UB-92 forms; the Maine Department of Health and Human Services (DHHS) doesn't provide them. You can buy the forms at office supply centers and from other sources including:

> U.S. Government Printing Office
> Mail Stop: IDCC
> 732 N. Capitol St. NW
> Washington, DC 20401
>
> http://www.gpo.gov/

Who Must Use the UB-92

If you are among the following providers, you must use the UB-92 form:

Adult Family Care Homes

Assisted Living Services

Home Health Services

Hospice

Hospitals

ICF-MR (Intermediate Care Facilities for people with Mental Retardation)

Nursing Facilities

Private Duty Nursing

Private Non-Medical Institutions

Cost Reimbursed Boarding Homes (Case Mix and Non-Case Mix)

Community Residences for People with Mental Illness

Residential Child Care Facilities

Substance Abuse Treatment Facilities

Flat Rate Boarding Homes

Psychiatric Facilities

Look for these icons

Attach reminds you where you need to attach documentation for this claim.

➔ **Appendix** reminds you to check the Appendices for information such as specialty codes and rates.

UB-92 Appendix 1 is on Page 42.
UB-92 Appendix 2 is on Page 43.

Required, Not Required, and Hospital Only Form Locators

In these instructions, FL is Form Locator.

Form Locators that are not shaded are required for all or most providers. You'll see a notation in the Form Locator if it is required for only certain providers, such as Hospitals or if that Form Locator refers to information entered elsewhere in the claim.

This is an example of a Form Locator required for all providers:

Required:

FL 15: SEX

15 SEX

Enter the patient's sex as M or F.

Example:

15 SEX
F

Form Locators that are not required are shaded.

Not Required:

This is an example of a Form Locator that is not required for any provider:

FL 31:

31

Not required.

Please note, although some Form Locators are not required, they are also not shaded. This is because DHHS recommends that you enter special information in these Form Locators. This optional information, such as the patient's account number, will help you in your recordkeeping.

Also check the Special Instructions to see if your provider type is **<u>not</u>** required to complete a Form Locator.

Unless these instructions say that a Form Locator must be left blank, you may use Not Required Form Locators for your own business purposes.

You May Need Special Instructions

Some providers who use the UB-92 form need to follow specific instructions for certain Form Locators. If you are a specialty provider, look for *Special Instructions:* and the appropriate icon for you:

<blockquote>
^{AFC} Adult Family Care Homes

^{AL} Assisted Living Facilities

^{ICF-MR} Intermediate Care Facilities-Mental Retardation

^{NF} Nursing Facilities

^{PDN} Private Duty Nursing

^{PNMI} Private Non-Medical Institutions
</blockquote>

Examples and Additional Help

The instructions for each required Form Locator or field within a Form Locator include an example of what the completed Form Locator or field should look like. In some Form Locators that have special instructions for specific providers, there are additional examples.

The instructions also give you important information and help.

Look for these icons:

> **ALERT:**

> **TIP:**

Additional Tips on Filing

Here's other important information you need to know before you begin filling out your form:

> In addition to the National UB-92 manual, in order to complete the UB-92 form, you must have current CPT (Current Procedural Terminology) of the American Medical Association, ICD-9 (International Classification of Diseases) Diagnostic Codes, or HCPCS (Healthcare Common Procedure Coding System) Codes maintained by the Centers for Medicare and Medicaid Services.
> Or,
> Use the Procedure Codes in Chapter III of the *MaineCare Benefits Manual* policy section under which you bill. You may access these codes at the following website: http://www.maine.gov/sos/cec/rules/10/ch101.htm

The required format for a birth date is MMDDYYYY. (Example: January 19, 1947 = 01191947)

The alternative date format for dates of service or signature dates is MMDDYY. DHHS will process your claim if you use that format, but we recommend that you transition to the eight-digit Y2K-compliant format.

Whether you fill in your claim form by typing, computer, or handwriting, keep all information within the designated FL. **Do not** overlap information into other form locators. Handwritten claims must be legible.

Mailing Your Claim

>If you are a Nursing Facility or an ICF-MR, mail your completed claim form to this address:
>
>>MaineCare Claims Processing
>>M-400
>>Augusta, ME 04333
>
>If you are Assisted Living Services, an Adult Family Care Home or a Private Non-Medical Institution, mail your completed claim form to this address:
>
>>MaineCare Claims Processing
>>M-700
>>Augusta, ME 04333
>
>If you are any other provider that bills on the UB-92, mail your completed claim form to this address:
>
>>MaineCare Claims Processing
>>M-100
>>Augusta, ME 04333

You may also bill electronically through Electronic Media Claims (EMC) batch billing. Contact the Provider File Unit at 1-800-321-5557, Option 6 (In State only) or 207-287-4082 for more information on electronic billing. You can find additional information on the website for the Office of MaineCare Services (OMS) at: http://www.maine.gov/dhhs/emc/index.htm

Instructions for Each Form Locator (FL) on
The UB-92 Claim Form

FL 01:

1

Enter the provider's name, city, state, and ZIP code. The provider's telephone number is optional, but the phone number helps us if we need to contact you.

Example:

Family Assisted Services
2 County Road
Anytown, ME 04000
207-000-0000

FL 02:

2

Not required.

ALERT:

Leave this blank. MaineCare will enter a Transaction Control Number (TCN) here. The TCN will appear on your remittance advice statement (RA) in the left-hand column.

FL 03: PATIENT CONTROL NO.

3 PATIENT CONTROL NO.

Enter the Patient Control number that the provider has assigned.

Example:

3 PATIENT CONTROL NO.

SMI12345

Special Instructions:

Assisted Living Facilities, Adult Family Care Homes, and Private Non-Medical Institutions: Not required.

) **TIP:**

A Patient Control number is a unique number assigned to a patient by the provider.

FL 04: TYPE OF BILL

4 TYPE OF BILL

Enter the three-digit or four-digit code from the National UB-92 manual for your provider type that indicates the type of bill.

Example:

4 TYPE OF BILL
252

Special Instructions:

Private Non-Medical Institutions, Assisted Living Facilities, and Adult Family Care Homes must use the specific codes assigned by MaineCare. (See UB-92 **Appendix 2**.)

) **TIP:**

Appendix 2 is on page 43.

FL 05: FED. TAX NO.

```
5 FED. TAX NO.
[                    ]
```

Enter the provider's Federal Tax Number (Employer Identification Number/EIN). This number is required for Federal income tax purposes.

Example:

```
5 FED. TAX NO.
[   000000000    ]
```

FL 06: STATEMENT COVERS PERIOD

```
6 STATEMENT COVERS PERIOD
    FROM          THROUGH
[            |            ]
```

In FROM, enter the date that services on this claim began. In THROUGH, enter the date that services on this claim ended, including the discharge date, if applicable. If all services were provided on a single day, enter that date in both the FROM and THROUGH fields.

The preferred format is eight digits: MMDDYYYY.
Do not use commas, dashes, or slashes in the date.

Example:

```
6 STATEMENT COVERS PERIOD
    FROM          THROUGH
[ 06012006 | 06032006 ]
```

📢 **ALERT:**

Inpatient Hospital claims *may* overlap months. All other providers *must* bill no more than one calendar month on a claim form.

FL 07: COV D.

```
7 COV D.
[        ]
```

For inpatient bills, Hospitals, Nursing Facilities, Adult Family Care Homes, Assisted Living Facilities and Private Non-Medical Institutions, enter the number of days covered. The date of admission is a covered day, but the date of discharge is not a covered day.

Example:

```
7 COV D.
[   3    ]
```

📢 **ALERT:**

Do not include the day of discharge as a covered day.

FL 08: N-C D.

8 N-C D.

For inpatient claims, enter the number of days not covered.

Attach an explanation for non-coverage, using occurrence codes, condition codes, or remarks.

Example:

8 N-C D.
1

FL 09: C-I D.

9 C-I D.

Not required.

FL 10: L-R D.

10 L-R D.

Inpatient Hospital only.   Enter the patient's number of Lifetime Reserve Days (Medicare).

Example:

10 L-R D.
60

FL 11:

> | 11 |
> |----|
> | |

Not required.

FL 12: PATIENT NAME

12 PATIENT NAME

Enter the member's name in this order: last name, first name and middle initial. The name must be exactly the same as the name printed on the member's MaineCare ID card.

*Example: Member's name is Belle St. Pierre, the MaineCare Card reads St Pierre, Belle with no punctuation**, replace the period with a space as shown on the MaineCare Card.***

Example:

12 PATIENT NAME
St Pierre, Belle

📣 **ALERT:**

Enter the member's name **exactly** as shown on the MaineCare ID card. If the name does not match, the claim will deny for incorrect name.

FL 13: PATIENT ADDRESS

13 PATIENT ADDRESS

Enter the member's street address, city, state, and ZIP code as a single line.

Example:

13 PATIENT ADDRESS
554 Elm Street, Apt. 3, Any City, ME 04000

FL 14: BIRTHDATE

14 BIRTHDATE

Enter the patient's date of birth. A birth date must be in eight-digit format (MMDDYYYY).

Example:

14 BIRTHDATE
06211951

◀))) ALERT:

Birth Date must be in eight-digit format.

FL 15: SEX

15 SEX

Enter the patient's sex as M or F.

Example:

15 SEX
F

FL 16: MS

16 MS

Not required.

FL 17: ADMISSION DATE

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC

Depending on your provider type, enter the date the member
- was admitted to the facility, or
- was admitted for inpatient services, or
- received outpatient services.

The preferred format for the date is eight digits
(MMDDYYYY). Do not use commas, dashes or slashes
in the date.

Example:

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC
06012006			

📢 **ALERT:**

If the admission
date is later than
the FROM date
in FL 6, your
claim will deny
for invalid dates
billed.

FL 18: ADMISSION HR

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC

Hospitals Only:

For inpatient bills only, enter the admission hour. Please see
the National UB-92 manual for specific codes.

Example:

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC
	06		

FL 19: ADMISSION TYPE

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC

Hospitals Only:

For inpatient services only, enter the type of admission.
See the National UB-92 manual for specific codes.

Example:

17 DATE	ADMISSION 18 HR	19 TYPE	20 SRC
		1	

FL 20: ADMISSION SRC

	ADMISSION		
17 DATE	18 HR	19 TYPE	20 SRC

Hospitals Only:

For **inpatient** admissions, enter the source of admission. Please see the National UB-92 manual for specific codes.

Example:

	ADMISSION		
17 DATE	18 HR	19 TYPE	20 SRC
			7

◀)) ALERT:

Do not enter an admission source for an outpatient.

FL 21: D HR

21 D HR

Hospitals Only:

Enter the hour that the patient was discharged from inpatient care. Please see the National UB-92 manual for specific codes.

Example:

21 D HR
14

FL 22: STAT

```
22 STAT
```

Enter a code indicating patient status as of the ending service date of the period covered on the bill, as reported in FL 6, Statement Covers Period. Please see the National UB-92 manual for specific codes.

Example:

```
22 STAT
  30
```

FL 23: MEDICAL RECORD NO.

```
23 MEDICAL RECORD NO.
```

Not required, but may be useful for the provider.

Enter the number that the provider assigned to the patient's medical/health record.

Example:

```
23 MEDICAL RECORD NO.
   1234blue
```

FL 24 – 30: CONDITION CODES

CONDITION CODES						
24	25	26	27	28	29	30

If applicable, enter codes used to identify conditions relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

For services, including emergency services, use Code AJ to bypass the MaineCare co-pay requirement (as allowed by the *MaineCare Benefits Manual*).

Example:

CONDITION CODES						
24	25	26	27	28	29	30
AJ	26					

ALERT:

For services, including emergency services, use Code AJ to bypass the MaineCare co-pay requirement (as allowed by the *MaineCare Benefits Manual*).

FL 31:

31

Not required.

FL 32 – 35: OCCURRENCE CODES AND DATES

32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE DATE
a							
b							

If applicable, enter the code and associated date defining a significant event relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

Example:

32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE DATE
a 24	06032006						
b							

FL 36: OCCURRENCE SPAN

36 CODE	OCCURRENCE SPAN FROM	THROUGH

If applicable, enter a code and related dates that identify an event that relates to the payment of the claim. Please see the National UB-92 manual for specific codes.

Example:

36 CODE	OCCURRENCE SPAN FROM	THROUGH
78	09082006	09122006

UB-92 Claim Form
Maine Billing Instructions
Revised 12/2006

FL 37:

```
37
A                              A
B                              B
C                              C
```

If this is an adjustment claim (void or replace) enter the Transaction Control Number (TCN) of the claim being voided or replaced.

Example:

```
37
A  992006115643030000         A
B                              B
C                              C
```

Definitions:

Void – deletes the claim or claim line.

Example: If you submit a claim for date of service 12/01/2005 and later realize that you actually saw the member on 12/02/2005 you would void that claim by putting an 8 as the third digit in FL4 and the header TCN of the original claim in this FL. You will receive a remittance statement from MaineCare showing a negative balance because MaineCare took back the original payment. You can than rebill the correct date of service on a new claim form.

Replace – this function voids the original claim and processes the information in FL 42 – 47 as a new claim.

Example: If you submit a claim for July and later receive a rate letter that you have a rate increase effective in July you would put a 7 as the third digit in FL 4 and the original TCN of the header or line in this FL and the corrected information in FL 42 – 47. The system will take back the original payment and process the new information and you will receive a remittance showing a payment for the difference between the original payment and the new claim.

))) **ALERT:**

The TCN is the 18-digit code located in the second column on your remittance advice (RA) statement. If you are adjusting a single line item, you must change the last 0 to 1, 2, etc., to reflect the line that you want to void or to replace.

☞ **TIP:**

MaineCare will only accept one adjustment per claim form,

FL 38:

38

Not required.

FL 39 – 41: VALUE CODES

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	
a						a
b						b
c						c
d						d

If the MaineCare patient has Medicare as the primary payer, has a spenddown or is responsible for an assessment/cost of care, enter that information in FL 39.

In the Code fields (39, 40, and 41), use the following:

> 23 = Patient assessment/cost of care
> A1 = Medicare Deductible Payer A (B1, C1 . . .)
> A2 = Medicare Coinsurance Payer A (B2, C2 . . .)
> D3 = Spenddown

Please see the National UB-92 manual for complete instructions and specific codes.

In the Amount fields, after the appropriate code, enter the amount.

📑**Attach** the Medicare Explanation of Benefits (EOB) or Spenddown letter to this claim.

Example:

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	
a A1	119.00	A2	63.00			a
b						b
c						c
d						d

📢 ALERT:

➔ **Appendix** See UB-92 **Appendix 1** on page 42 for specific instructions for billing Medicare coinsurance and deductible.

PNMI's, Assisted Living and Adult Family Care Homes **do not** report the **Patient Assessment.**

Do not enter other thrid party co-insurance/ deductible

FL 42: REV CD.

Enter a four-digit code that identifies a specific accommodation, ancillary service or billing calculation. See the National UB-92 manual for specific codes. Revenue codes are being revised by the National Uniform Billing Committee and will be published when final.

Example:

42 REV. CD.
1 0167
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

ALERT:

MECMS allows 21 lines plus the total (Revenue Code 0001) on line 22. If your claim has more than 22 lines, it cannot be processed.

➔ **Appendix**

See UB-92 **Appendix 2** for more information on revenue codes specific to Adult Family Care Homes, Assisted Living Facilities, and Private Non-Medical Institutions.

FL 43: DESCRIPTION

43 DESCRIPTION

Not required.

FL 44: HCPCS / RATES

For inpatient bills, enter the accommodation rate. (When you enter the rate, it must be right-justified in the column.)

For outpatient bills, enter the appropriate HCFA Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. (When you enter a code, it must be left-justified in this column.)

To be as accurate as possible, various HCPCS and CPT codes may require the use of modifiers. Use the appropriate modifier along with the procedure code.

Special Instructions:

AL Assisted Living Facilities – Not Required

PDN Private Duty Nursing – Not Required

Example:

44 HCPCS / RATES
1010.15
99078

➔ Appendix

See UB-92 **Appendix 2** for more information on local codes specific to Adult Family Care Homes, Home Health, and Private Non-Medical Institutions. These codes are also found in the *MaineCare Benefits Manual,* Chapter 3 of Section 97 (PNMI), Section 2 (Adult Family Care Homes) and Section 40 (Home Health).

FL 45: SERV. DATE

For **outpatient** claims for occupational, physical or speech therapy services, home health, nursing facilities, etc., (a series bill), enter the date that the indicated service was provided.

Example:

45 SERV. DATE
05232006
05252006

🔊 **ALERT:**

All services—**except** when provided by a **hospital**—must bill no more than one calendar month on a single claim form.

FL 46: SERV. UNITS

For inpatient claims, enter the number of days of inpatient accommodations.

For outpatient claims, if the same service was provided more than once on the same day, enter the number of units provided. For example, if two EKGs were provided on the same day, enter two units.

Example:

46 SERV. UNITS
30

☞ **TIP:**

For inpatient claims: Include the date of admission, but do not include the date of discharge.

Units must equal the number of covered days in FL 7.

FL 47: TOTAL CHARGES

Enter the total charges pertaining to the related revenue code for the current billing period, as entered in the statement's covered period (FL 6).

Inpatient services: A line item cannot exceed $99,999.99. If room charges exceed this amount, the charges must be split into two lines.

No more than 21 line items can be billed per claim. The **total** line (rev code 0001) can be billed in addition to the 21 lines. Do not continue this claim onto a second page.

Each claim form must be totaled because each claim form is considered separately. In the remarks section (FL 84), write, "Split Bill, two claims for the same admit."

The figures in column (or FL 47) add up to a **total,** reflected on a separate line item using revenue code 0001.

Example:

47 TOTAL CHARGES	
2143	00
967	00

Special Instructions:

[AL] Assisted Living Facilities: Each MaineCare member has a Resource Adjusted rate, determined by that member's needs, based on the MDS-ALS assessment. Providers are responsible for billing the correct rate for each member, according to the Rate Schedule in the *MaineCare Benefits Manual,* Chapter III, Section 6, 1900.4.

◀))) **ALERT**:

The total number of lines on the claim cannot exceed 22.

FL 48: NON-COVERED CHARGES

If applicable, enter the non-covered charges pertaining to the related revenue code.

Example:

48 NON-COVERED CHARGES
225 . 00
85 . 00

FL 49:

49
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

Not required.

FL 50: PAYER

```
50 PAYER
A
B
C
```

On lines A–C, enter the name that identifies each payer organization from which the provider might expect some payment for the bill.

Lines:

        A – Enter primary payer
        B – Enter secondary payer
        C – Enter tertiary payer

Important: MaineCare is the payer of last resort. Note: If MaineCare is the only payer in FL 50 then FL 54, 58, 59, 61, and 62 are not required.

The payer names must be spelled out:

        Medicare
        MaineCare
        Anthem Blue Cross

Example: *If a patient has Anthem Blue Cross, FL 50 would be as follows:*

```
50 PAYER
A  Anthem Blue Cross
B  MaineCare
C
```

Lines in FL 50 must correspond to lines in FL 51, 54, 58, 59, 60, 61, and 62.

If MaineCare is the only payer in FL50, you are not required to complete FL 54, 58, 59, 60, 61, and 62.

MaineCare now requires the payer name to be spelled out. **Do not use codes.**

FL 51: PROVIDER NO.

51 PROVIDER NO.

Enter the number assigned to the provider by the payer
indicated in FL 50, Lines A, B and C. MaineCare assigns a
nine-digit provider ID number to all providers. If MaineCare is
secondary, as in the example shown in FL 50, enter the
MaineCare provider ID number in Line B.

Example:

51 PROVIDER NO.

  123456789
  456234600

FL 52: REL INFO

52 REL
INFO

Not required.

FL 53: ASG BEN

53 ASG
BEN

Not required.

FL 54: PRIOR PAYMENTS

```
54 PRIOR PAYMENTS
                    .
                    .
                    .
```

Not required if MaineCare is the only payer.

If there are one or more other payers listed in FL 50, enter the prior payments received from other third party payers, except MaineCare or Medicare. **If the third party payment exceeds MaineCare reimbursement, no additional payment will be made.**

If you are in a **contractual agreement with a private insurance company to accept its payment as payment in full**, you **cannot bill MaineCare** for charges. The claim would be rejected for "no balance due."

Example:

```
54 PRIOR PAYMENTS
            45 . 00
            46 . 00
                .
```

📢 **ALERT:**

Never put a prior MaineCare or Medicare payment in this form locator. Only enter prior payment(s) from other third parties.

FL 55: EST. AMOUNT DUE

55 EST. AMOUNT DUE
.
.
.

Not required.

FL 56:

56

Not required.

FL 57: DUE FROM PATIENT

57	DUE FROM PATIENT ▶	.		.

Not required.

FL 58: INSURED'S NAME

58 INSURED'S NAME
A
B
C

Enter the MaineCare member's name in this order: last name, first name, middle initial. Note: For this Form Locator, MaineCare considers the member as the "insured."

Example:

58 INSURED'S NAME
A Smith Susan M
B Smith Susan M
C

ALERT:

The member's name must be exactly as shown on the MaineCare ID card.

FL 59: P. REL

59 P. REL

Not required if MaineCare is the only payer.

If the patient is covered by insurance under another policyholder, enter the two-digit code to indicate the patient's relationship to the policyholder. Codes are listed in the National UB-92 Manual.

Example:

59 P. REL
20

FL 60: CERT. − SSN. − HIC. − ID NO.

60 CERT. - SSN - HIC. - ID NO.

Enter the member's MaineCare ID number as shown on his or her MaineCare ID card, or his or her certificate number, or other insurance ID number. Remember to use the appropriate line (A, B or C) that corresponds to FL 50.

Example:

60 CERT. - SSN - HIC. - ID NO.

12345678A

ALERT:

Do not enter the member's Social Security number in place of the MaineCare ID number. This will cause the claim to deny.

FL 61: GROUP NAME

61 GROUP NAME

Not required if MaineCare is the only payer.

If the member is covered by other insurance, enter the insured's Group Name. Primary payer information is required if MaineCare is the secondary payer.

Example:

61 GROUP NAME

Aetna US Health

FL 62: INSURANCE GROUP NO.

```
62 INSURANCE GROUP NO.
                        A
                        B
                        C
```

Not required if MaineCare is the only payer.

If applicable, enter the Group Number for the insurance named in FL 61. Primary payer information is required if MaineCare is the secondary payer.

Example:

```
62 INSURANCE GROUP NO.
   11-111-1-111-111-2222  A
                          B
                          C
```

FL 63: TREATMENT AUTHORIZATION CODES

```
63 TREATMENT AUTHORIZATION CODES
A
B
C
```

If services have been prior authorized, enter the following information on lines A–C exactly as indicated below:

>Line A – The MaineCare Managed Care Referral number (formerly PrimeCare number).

>Line B – Prior Authorization number (PA).
>Some services require prior authorization. The source of the PA usually is the Office of MaineCare Services, Professional Claims Review Unit/PA Unit. However, PAs may be authorized by other sources such as MaineCare Eye Care, or the Breast & Cervical Health Program.

>Line C – Behavioral and Developmental Services (BDS) Authorization number. This is an internal contract number issued by DHHS.

Example:

```
63 TREATMENT AUTHORIZATION CODES
A   050402001
B
C
```

ALERT:

If a member is in an out-of-state facility, before services can be performed and billed, MaineCare must authorize this service and assign a number.

FL 64: ESC

64 ESC

If an insured individual is identified in FL 58, enter the code that defines the employment status of that person.

> 1 – Employed full time
> 2 – Employed part time
> 3 – Not employed
> 4 – Self-employed
> 5 – Retired
> 6 – On Active Military Duty
> 9 – Unknown

Example:

64 ESC

1

FL 65: EMPLOYER NAME

65 EMPLOYER NAME

If the insured person named in FL 58 is employed, enter the name of his or her employer.

Example:

65 EMPLOYER NAME

Acme Auto Shop

FL 66: EMPLOYER LOCATION

```
66 EMPLOYER LOCATION
                                              A
                                              B
                                              C
```

Not required.

FL 67: PRIN. DIAG. CD.

```
67 PRIN. DIAG. CD.
```

Enter the patient's primary diagnosis, using an International Classification of Diseases (ICD9-CM) code.

Example:

```
67 PRIN. DIAG. CD.
    319
```

ALERT:

A primary diagnosis is required. Do not punctuate.

☞ TIP:

If you are a provider, such as an Adult Family Care Home that doesn't have this code, ask the member's physician or caseworker.

FL 68 – 75: OTHER DIAG. CODES

			OTHER DIAG. CODES				
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE

🔊 **ALERT:**

Do not punctuate the codes.

Enter the ICD9-CM diagnosis code or codes that identify any additional conditions that co-existed at the time of admission, or any conditions that developed subsequently, and that affected the treatment received or the length of stay. Leave this blank if there are no additional diagnoses.

Example:

			OTHER DIAG. CODES				
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE
496	73300						

FL 76: ADM. DIAG. CD.

76 ADM. DIAG. CD.

Not required.

FL 77: E-CODE

77 E-CODE

Not required.

FL 78:

78

Not required.

FL 79: P.C.

79 P.C.

Not required.

FL 80: PRINCIPAL PROCEDURE

80	PRINCIPAL PROCEDURE	
	CODE	DATE

If applicable, enter the code that identifies the principal surgical or obstetrical procedure. Enter the date in eight-digit format (MMDDYYYY).

Example:

80	PRINCIPAL PROCEDURE	
	CODE	DATE
	680	06022006

☞ **TIP:**

If the procedure is for sterilization or abortion, the principle procedure must agree with the diagnosis.

FL 81: OTHER PROCEDURE

81	OTHER PROCEDURE		OTHER PROCEDURE	
	CODE	DATE	CODE	DATE
	A		B	
OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE	
CODE	DATE	CODE	DATE	CODE	DATE
C		D		E	

Hospitals Only.

Enter the code identifying any other surgical or obstetrical procedures. Enter the date in eight-digit format (MMDDYYYY).

Example:

81	OTHER PROCEDURE		OTHER PROCEDURE	
	CODE	DATE	CODE	DATE
	76514	042806	76090	042806
OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE	
CODE	DATE	CODE	DATE	CODE	DATE
57170	050306	C			

FL 82: ATTENDING PHYS. ID

82 ATTENDING PHYS. ID

Enter the Unique Physician Identification Number (UPIN) of the attending physician, if applicable.

Example:

82 ATTENDING PHYS. ID
1234567890

FL 83: OTHER PHYS. ID

83 OTHER PHYS. ID	a
	b
OTHER PHYS. ID	a
	b

Enter the Unique Physician Identification Number (UPIN) for each additional physician, if applicable.

Example:

83 OTHER PHYS. ID	a
1234567890	b
OTHER PHYS. ID	a
1236543210	b

FL 84: REMARKS

```
a | 84 REMARKS
b |
c |
d |
```

) **TIP:**

See the National UB-92 Manual for the recommended format.

Use Lines a–d for any necessary remarks. Use the recommended format for remarks.

Example:

```
a | 84 REMARKS  Insurance explanation attached.
b |
c |
d |
```

FL 85: PROVIDER REPRESENTATIVE

```
85 PROVIDER REPRESENTATIVE                    86 DATE
X
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
```

Enter the signature of the provider or the provider's authorized person. The name must be the name of a person.

A stamped or facsimile signature is acceptable.

"Signature on file" is **not** acceptable.

Example:

```
85 PROVIDER REPRESENTATIVE                    86 DATE
X  John M. Doe, M.D.        01012006
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
```

FL 86: DATE

85 PROVIDER REPRESENTATIVE   86 DATE
X
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

In eight-digit format (MMDDYYYY), enter the date the bill is submitted. The date must be the same date or a date after all dates of service on this claim.

The claim will be rejected if this date is missing or incomplete.

Example:

85 PROVIDER REPRESENTATIVE   86 DATE
X John M. Doe, M.D.   01022006
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

FL 39 – 41 Value Codes

Instructions for billing Medicare co-insurance and deductible:

A1 and A2 apply to coinsurance/deductible after the Medicare part that was billed, Part A **or** Part B. Value Codes B1 and B2 are used only if billing for coinsurance/deductible after Part A **and** Part B.

Example:

If billing Medicare deductible after Part A **or** Part B, use A1

If billing Medicare coinsurance after Part A **or** Part B, use A2

If billing Medicare deductible after Part A **and** Part B on the same claim, use A1 for one and B1 for the other

If billing Medicare coinsurance after Part A and Part B on the same claim, use A2 for one and B2 for the other

Do not use value codes to bill after other third party insurance, just reflect the payment in FL 54 and attach the insurance EOB

UB-92 Appendix 2

FL 04: TYPE OF BILL

Assisted Living Facilities, Adult Family Care Homes, and Private Non-Medical
Institutions must use the specific codes assigned by MaineCare.

Type of Facility – 1st Digit

6 – Cost Reimbursed Boarding Homes Provider

- Cost Reimbursed Boarding Homes Case Mix

- Cost Reimbursed Boarding Homes Non Case Mix

OR

8 – Special Facility

- Community Residence for People with Mental Illness

- Residential Child Care Facilities

- Temporary Out of Home Placement (Redirect Room & Board)

- Substance Abuse Treatment Facilities

- Flat Rate Boarding Homes

- Adult Family Care Homes

- Assisted Living

Bill Classification – 2nd Digit

5 – Cost Reimbursed Boarding Home Case Mix

- Cost Reimbursed Boarding Homes billing BH/BP/BQ codes

OR

6 – Special Facilities and Cost Reimbursed Boarding Homes
Non-Case Mix

- Cost Reimbursed Boarding Homes billing MRB/MRP codes

- Community Residence for People with Mental Illness

- Residential Child Care Facilities

- Temporary Out of Home Placement (Redirect Room & Board)
- Substance Abuse Treatment Facilities
- Flat Rate Boarding Homes

9 – Other

- Adult Family Care Homes
- Assisted Living

Frequency – 3rd Digit

Choose from the following codes depending on the status of the MaineCare member (FL 22) during the Statement Covers Period (FL 6):

1 Admit through Discharge

2 Interim - First Claim

3 Interim - Continuing Claim

4 Interim - Last Claim

7 Replacement of Prior Claim

8 Void/Cancel Prior Claim

FL 42: rev cd. and FL 44: HCPCS / rates

FL 42: Enter a four-digit code that identifies a specific accommodation, ancillary service or billing calculation.

FL 44: HCFA Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes.

The following are codes specific to Adult Family Care Homes, Assisted Living Facilities, and Private Non-Medical Institutions:

Adult Family Care Homes

FL 42:

> **3104** Adult Family Care Treatment (Bill the appropriate Resource Rate.) This code does not require a procedure code in FL 44.

> **0169** Room and Board
> Use in conjunction with AFH or AFH2 in FL 44.

> **0001** Total Charges

FL 44:

> **AFH** $787.00 *(effective 01/01/2006)*

> **AFH2** $1012.00 *(effective 01/01/2006)*

Assisted Living Facilities

FL 42:

> **3103** Assisted Living Services

> **0001** Total Charges

FL 44:

> Not Required.

Private Non-Medical Institutions

Cost Reimbursed Boarding Homes Case Mix and Non Case Mix

FL42:

0169 Room and Board Semi-Private
Use in conjunction with **BH** or **MRB** in FL 44.

0940 Other Therapeutic Services General
Use in conjunction with **BP** or **MRP** in FL 44.

0242 Personal Care
Use in conjunction with **BQ** or **RMR** in FL 44.

0182 Leave of Absence (Bed hold days) Member Convenience
Use in conjunction with **PL, BQL**, or **MRPL** in FL 44
for PNMI services.

0183 Leave of Absence (Bed hold days) Therapeutic Leave
Use in conjunction with **PL, BQL, MRPL** in FL 44 for
PNMI services.

0189 Leave of Absence (Bed hold days) Room and Board.
Use in conjunction with **BL** or **MRBL** in FL 44.

3109 Adult Care – Strive U

0001 Total Charges

FL 44:

BH Room and Board in a PNMI (Case Mix Facility)

BP Medical & Remedial Services in a PNMI (Case Mix
Facility)

BQ Personal Care (Case Mix Facility)

BL Leave Days from a PNMI (Room and Board)
(Case Mix Facility)

PL Leave Days from a PNMI (Medical and Remedial) (Case
Mix Facility)

BQL Leave Days Personal Care (Case Mix Facility)

MRB Residential Boarding Care (Non Case Mix Facility)

MRP PNMI Services (Non Case Mix Facility)

MRBL Leave Days from Residential Boarding Care Room and Board (Non Case Mix Facility)

MRPL Leave Days from PNMI (Non Case Mix Facility)

Residential Child Care Facilities

Child Care Facility Treatment Portion, Provider #

FL 42:

0940 Other Therapeutic Services General
Use in conjunction with **RTS** in FL 44.

0182 or **0183** Leave of Absence (Bed hold days)
Use in conjunction with **RTSL** in FL 44.

0001 Total Charges

FL 44:

RTS Child Care Facility Services

RTSL Leave of Absence

Child Care Facility Room & Board, Provider #

PLEASE NOTE: Residential Child Care Facilities bill separately for room and board. These instructions apply only if the Child Care Facility's room and board funded by Behavioral and Developmental Services. All other room and board is billed directly to the applicable seeding agency, i.e, Child and Family Services, Department of Corrections, etc.

FL 42:

0169 Room and Board
Use in conjunction with **BR** in FL 44.

0182 or **0183** Leave of Absence (Bed hold days)
Use in conjunction with **BRL** in FL 44

0001 Total Charges

FL 44:

BR Room and Board

BRL Leave of Absence

Community Residence for People with Mental Illness

PLEASE NOTE: RMI and RMI2 must be billed on separate claim forms.

FL 42:

0940 Rehabilitation Services
Use in conjunction with **RMI** in FL 44.

0940 Personal Care Services
Use in conjunction with **RMI2** in FL 44.

0183 Leave of Absence for Rehabilitation Services (Bed hold days)
Use in conjunction with **RML**.

0183 Leave of Absence for Personal Care Services (Bed hold days)
Use in conjunction with **RML2**.

0001 Total Charges

FL 44:

RMI Rehabilitation Services

RMI2 Personal Care

RML Leave of Absence (Identifies leave days for Rehabilitation Services.)

RML2 Leave of Absence (Identifies leave days for Personal Care Services.)

Substance Abuse Treatment Facilities

FL 42:

0940 Other Therapeutic Services General
Use in conjunction with **PNMI, RH4, RH5, RH6, RH7, RH8**, and **RH9** codes in FL 44.

0183 Leave of Absence (Bed hold days)
Use in conjunction with **RHL** and **RHL9** codes in FL 44.

0001 Total Charges

FL 44:

PNMI Detoxification

RH4 Halfway House Services

RH5 Extended Care Shelters

RH6 Residential Rehabilitation

RH7 Extended Shelter

RH8 Adolescent Residential Rehabilitation

RH9 Personal Care, Substance Abuse

RHL Leave code for PNMI, RH4, RH5, RH6, RH7 and RH8
Use in conjunction with **0183** in FL 42.

RHL9 Leave code for RH9
Use in conjunction with **0183** in FL 42.

Home Health Agencies

PROC CODE	DESCRIPTION
HHS11	Registered Nurse Services
HHS12	Licensed Practical Nurse Services
HHS13	Home Health Aide Services
HHS14	Licensed Occupational Therapist (OTR) Services
HHS15	Certified Occupational Therapist Assistant (COTA) Services
HHS16	Licensed Physical Therapist Services
HHS17	Licensed Physical Therapist Assistant Services
HHS18	Licensed Speech-Language Pathologist Services
HHS19	Licensed Speech Pathologist Assistant Services
HHS20	Medical Social Services
HHS21	Routine Supplies Identify Supply in "Remarks"
HHS22	RN – Psychotropic Medication Administration and Monitoring

THE REIMBURSEMENT CODES BELOW WILL BE ACTIVATED UPON NOTICE TO PROVIDERS FROM THE DEPARTMENT.
THESE CODES WILL REPLACE THE LOCAL CODES INDICATED ABOVE.

PROC CODE	DESCRIPTION
U551	Registered Nurse Services
U551	Licensed Practical Nurse Services
U571	Home Health Aide Services
U431	Licensed Occupational Therapist (OTR) Services
U431	Certified Occupational Therapist Assistant (COTA) Services
U421	Licensed Physical Therapist Services
U421	Licensed Physical Therapist Assistant Services
U441	Licensed Speech-Language Pathologist Services
U441	Licensed Speech Pathologist Assistant Services
U561	Medical Social Services
U270	Routine Supplies Identify Supply in "Remarks"
U551	RN – Psychotropic Medication Administration and Monitoring

Private Duty Nursing

REVENUE CODE	DESCRIPTION OF SERVICES
ALLOWANCES FOR PRIVATE DUTY NURSING AND PERSONAL CARE SERVICES	
LICENSED HOME HEALTH CARE AGENCY SERVICES PROVIDER AND REGISTERED PERSONAL CARE AGENCIES	
Levels I, II, & III Services - Persons Age 21 +	
B300	Registered Nurse Services - Licensed Agency
B127	Licensed Practical Nurse Services
B128	Home Health Aide Services
B129	Certified Nursing Assistant Services
B132	Registered Nurse Medication Services (severely mentally disabled) - Licensed Agency
B133	Psychiatric Registered Nurse Medication Services (severely mentally disabled) - Licensed Agency
B134	Licensed Practical Nurse Medication Services (severely mentally disabled)
B361	Personal Care Assistant Services*
B365	PCA Supervisit*
B368	Family Provider Personal Care Assistant Services (age 21 and over)
B320	Registered Nurse Services - Licensed Agency
B369	Registered Nurse Services – Licensed Agency – multiple patients
B137	Licensed Practical Nurse Services
B370	Licensed Practical Nurse Services – multiple patients
B138	Home Health Aide Services
B139	Certified Nursing Assistant Services
B135	Personal Care Assistant Services*
B365	PCA Supervisit*
B368	Family Provider Personal Care Assistant Services (age 21 and over)
Level VI MEDICATION and VENIPUNCTURE Services - for Severely Mentally Disabled Persons	
B150	Registered Nurse Medication Services - Licensed Agency
B151	Psychiatric Registered Nurse Medication Services - Licensed Agency
B152	Licensed Practical Nurse Medication Services
Level VII VENIPUNCTURE ONLY Services	
B160	Registered Nurse Venipuncture Only Services - Licensed Agency
B161	Licensed Practical Nurse Venipuncture Only Services
Level VIII Services – Persons Age 21+	
B300	Registered Nurse Services – Licensed Agency
B127	Licensed Practical Nurse Services
B132	Registered Nurse Medication Services (severely mentally disabled) – Licensed Agency
B133	Psychiatric Registered Nurse Medication Services (severely mentally disabled) Licensed Agency
B134	Licensed Practical Nurse Medication Services

REVENUE CODE	DESCRIPTION OF SERVICES
B150	Registered Nurse Medication Services – Licensed Agency
B151	Psychiatric Registered Nurse Medication Services – Licensed Agency
B152	Licensed Practical Nurse Medication Services
B160	Registered Nurse Venipuncture Only Services – Licensed Agency
B161	Licensed Practical Nurse Venipuncture Only Services
Levels I, II, & III Services - Persons Under Age 21	
B200	Registered Nurse Services - Licensed Agency
B107	Licensed Practical Nurse Services
B108	Home Health Aide Services
B109	Certified Nursing Assistant Services
B362	Personal Care Assistant Services*
B366	PCA Supervisit*
B367	Family Provider Personal Care Assistant Services (under age 21)
Level IV Services - for Persons Under Age 21	
B240	Registered Nurse Services - Licensed Agency
B371	Registered Nurse Services - Licensed Agency – multiple patients
B112	Licensed Practical Nurse Services
B372	Licensed Practical Nurse Services – multiple patients
B113	Home Health Aide Services
B114	Certified Nursing Assistant Services
B363	Personal Care Assistant Services*
B366	PCA Supervisit*
B367	Family Provider Personal Care Assistant Services (under age 21)
Level V Services - Persons Under Age 21	
B220	Registered Nurse Services - Licensed Agency
B373	Registered Nurse Services - Licensed Agency – multiple patients
B117	Licensed Practical Nurse Services

REVENUE CODE	DESCRIPTION OF SERVICES
B374	Licensed Practical Nurse Services – multiple patients
B118	Home Health Aide Services
B119	Certified Nursing Assistant Services
B125	Personal Care Assistant Services*
B366	PCA Supervisit*
B367	Family Provider Personal Care Assistant Services (under age 21)
PDN/PCS Prevention, Health Promotion, and Optional Treatment Services - for Persons Under Age 21	
B260	Registered Nurse Services - Licensed Agency
B122	Licensed Practical Nurse Services
B123	Home Health Aide Services
B124	Certified Nursing Assistant Services
B364	Personal Care Assistant Services*
B366	PCA Supervisit*
B367	Family Provider Personal Care Assistant Services (under age 21)
Level VIII Services – Persons under Age 21	
B200	Registered Nurse Services – Licensed Agency
B107	Licensed Practical Nurse Services

INDEPENDENT REGISTERED NURSE

Level I, II, & III Services Persons Age 21 +	
B126	Registered Nurse Services
B303	Registered Nurse Medication Services (severely mentally disabled only)
B304	Psychiatric Registered Nurse Medication Services (severely mentally disabled only)
Level V Services - Persons Age 21+	
B136	Registered Nurse Services
B375	Registered Nurse Services – multiple patients
B140	***Ventilator Care Registered Nurse Services***
Level VI MEDICATION and VENIPUNCTURE Services - for Severely Mentally Disabled	
B340	Registered Nurse Medication Services
B341	Psychiatric Registered Nurse Medication Services
Level VII VENIPUNCTURE ONLY Services	
B360	Registered Nurse Venipuncture Only Services
Level VIII Services – Persons Age 21+	
B126	Registered Nurse Services
B303	Registered Nurse Medication Services (severely mentally disabled only)
B304	Psychiatric Registered Nurse Medication Services (severely mentally disabled only)
B340	Registered Nurse Medication Services
B341	Psychiatric Registered Nurse Medication Services
B360	Registered Nurse Venipuncture Only Services
Levels I, II, & III Services - Persons Under Age 21	
B106	Registered Nurse Services
Level IV Services - Persons Under Age 21	
B111	Registered Nurse Services

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REVENUE CODE	DESCRIPTION OF SERVICES
B376	Registered Nurse Services – multiple patients
Level V Services - Persons Under Age 21	
B116	Registered Nurse Services
B377	Registered Nurse Services – multiple patients
B120	Ventilator Care Registered Nurse Services
Level VIII Services – Persons Under Age 21	
B106	Registered Nurse Services
PDN/PCS Prevention, Health Promotion, and Optional Treatment Services (formerly EPSDT) for Persons Under Age 21	
B121	Registered Nurse Services

THE CODES BELOW WILL BE ACTIVATED UPON NOTICE TO PROVIDERS FROM THE DEPARTMENT AND WILL REPLACE THE CODES ABOVE. REIMBURSEMENT RATES WILL NOT BE AFFECTED BY THIS CHANGE.

PROC CODE	PDN AGENCY
T1002	RN Services, up to 15 minutes
T1002	Psychiatric Registered Nurse Medication Services
T1002TT	RN Services, up to 15 minutes, multiple patients
T1003	LPN/LVN Services, up to 15 minutes
T1003TT	LPN/LVN Services, up to 15 minutes, multiple patients
T1004	Services of a qualified nursing aide, up to 15 minutes
T1019	Personal Care Services per 15 minutes
TXXX[1]	Personal Care Services "Supervisit"
T1019U2	Personal Care Services per 15 minutes, family provider PCS
	PDN INDIVIDUAL PROVIDER
T1000	Private duty/independent nursing service(s) – licensed, up to 15 minutes
T1000TT	Private duty/independent nursing service(s) – licensed, up to 15 minutes, multiple patients
T1000	Psychiatric Registered Nurse Medication Services